

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 6-3-03.

I. DISPUTE

Whether there should be reimbursement for CPT code 99283.

II. FINDINGS

1. The respondent denied reimbursement for the emergency visits based upon "R – Extent of Injury."
2. The respondent did not file a TWCC-21 with TWCC disputing the Extent of Injury in accordance with Section 408.027(d). Therefore, the insurance carrier incorrectly denied service based upon "R". CPT code 99283 will be reviewed in accordance with the *Medical Fee Guideline*.

III. RATIONALE

The requestor failed to submit medical records to support fee dispute and challenge insurance carrier's position per Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is or is not** entitled to reimbursement for CPT code (99283).

The above Findings and Decision are hereby issued this 30th day of January 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division